



CITY OF DUBLIN, OH

Land Use and  
Long Range Planning  
5800 Shier-Rings Road  
Dublin, Ohio 43016-1236

Phone: 1DD 614-410-4600  
Fax: 614-410-4747  
Web Site: www.dublin.oh.us

## ADMINISTRATIVE REVIEW APPLICATION

(Code Section 99.06, 153.037)

## I. PLEASE CHECK THE TYPE OF APPLICATION:

## COIC Districts

Select District:

☐ HDP☐ LDP☐ I-VC☐ I-CC☒ Wireless Communication Facility

## Application Type

(COIC Only)

☐ Pre-Application Review☐ Development Plan Review☐ Administrative Review☐ Administrative Departures

Please utilize the applicable Supplemental Application Requirements sheet for additional submittal requirements.

## II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 6790 Coffman Road, Dublin, Ohio 43016

Tax ID/Parcel Number(s):

273-000325

Parcel Size(s) (Acres):

Unknown

Existing Land Use/Development: Unmanned telecommunication facility

Existing Zoning: Unknown

## PLEASE COMPLETE THE FOLLOWING:

Describe the Existing Land Use/Development:

Currently on the site is a 140' monopole, unmanned telecommunication facility.

Describe the Request:

Modifications to the existing wireless facility, including swapping antennas & installation of supporting equipment. Specifically, removal of 6 existing panel antennas, installation of 3 new panel antennas, removal of 3 equipment cabinets, installation of 1 new MMBS cabinet and 1 new BBU cabinet, removal of all existing Sprint antenna coaxial cables, installation of 3 new hybrid fiber optic cables using the existing coax route, and installation of 6 new RRUs.

## III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization):

Dublin City Schools

Mailing Address:

(Street, City, State, Zip Code)

7030 COFFMAN RD, DUBLIN, OH 43017

Daytime Telephone:

614-760-4317

Fax:

Email or Alternate Contact Information:

DAVIS\_Jim@DublinSchools.net

RECEIVED

13-102 ARW  
SEP 23 2013

FILE COPY

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: Crown Castle Inc.	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): Tower Owner	
Mailing Address: (Street, City, State, Zip Code) 10170 Linn Station Road, Suite 525, Louisville, KY 40223	
Daytime Telephone: (502) 318-1342	Fax: NA
Email or Alternate Contact Information: SureSite Consulting (see below)	

V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: Sarah Denney, SureSite Consulting <i>Sean Ryan SureSite Consulting</i>	
Organization (Owner, Developer, Contractor, etc.): Site Acquisition Firm	
Mailing Address: (Street, City, State, Zip Code) 3659 Green Road, Suite 214, Cleveland, Ohio 44122	
Daytime Telephone: (216) 593-0400 x18 <i>412-302-8488</i>	Fax: (216) 593-0401
Email or Alternate Contact Information: s.denney@sure-site.com <i>S. Ryan @ Sure-Site.com</i>	

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, <u>Dublin City Schools</u> , the owner, hereby authorize <u>SURESITE CONSULTING</u> to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: <i>[Signature]</i> <u>Dublin City Schools</u>	Date: <u>6/18/13</u>

☐ Check this box if the Authorization for Owner's Applicant or Representative(s) is attached to the application document

Subscribed and sworn before me this 18th day of June, 20 13

State of OHIO

County of Franklin

Notary Public

*[Signature]*



Edie Carton  
Notary Public, State of Ohio  
My Commission Expires 02-03-2018

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I, <u>Sarah Denney, SureSite Consulting - Agent for tenant Crown Castle</u> , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: <i>[Signature]</i> <u>Sarah Denney</u>	Date: <u>6/27/2013</u>

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I, <u>Sarah Denney, SureSite Consulting - Agent for tenant Crown Castle</u> , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative: <u>Sarah Denney</u>	Date: <u>6/27/2013</u>

IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, <u>Sarah Denney, SureSite Consulting - Agent for tenant Crown Castle</u> , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of applicant or authorized representative: <u>Sarah Denney</u>	Date: <u>6/27/2013</u>

Subscribed and sworn to before me this 27 day of June, 2013  
 State of Ohio  
 County of Cuyahoga

Notary Public Mary J. Cichanski



MARY J. CICHANSKI  
 Attorney At Law  
 NOTARY PUBLIC  
 STATE OF OHIO  
 My Commission Has  
 No Expiration Date  
 Section 147.03 O.R.C.

FOR OFFICE USE ONLY			
Amount Received: <u>\$1835</u>	Application No: <u>13-102ARTW</u>	ART Decision:	ART Action:
Receipt No: <u>472203</u>	Map Zone: <u>A1 5</u>	Date Received: <u>7/23/13</u>	Received By: <u>RSR</u>
Type of Request: <u>WIRELESS COMMUNICATIONS FACILITY</u>			
N, S, E, W (Circle) Side of: <u>COFFMAN ROAD</u>			
N, S, E, W (Circle) Side of Nearest Intersection: <u>COFFMAN ROAD &amp; EMERALD PARKWAY</u>			
Distance from Nearest Intersection: <u>4 - AT INTERSECTION</u>			
Existing Zoning District: <u>R</u>			